

The Commitment Decision

71-925 (6)

(6) A treatment order by the mental health board under this section shall represent the appropriate available treatment alternative that imposes the least possible restraint upon the liberty of the subject. The board shall consider all treatment alternatives, including any treatment programs or conditions suggested by the subject, the subject's counsel, or other interested person. Inpatient hospitalization or custody shall only be considered as a treatment alternative of last resort. The county attorney and the subject may jointly offer a proposed treatment order for adoption by the board. The board may enter the proposed order without a full hearing.

It is the board's responsibility to decide where a person's interest would be best served. Clearly, according to the statute, inpatient hospitalization is the treatment modality to be considered **LAST**. Board members should familiarize themselves with mental health and substance dependency services available in the state of Nebraska and the agencies providing those services in their region. When criteria for dangerousness are not met, then the board can then determine which type of community based outpatient commitment would provide the necessary treatment in a less restrictive environment, while also ensuring public safety.

An appearance before a mental health board and subsequent committal can be a life-changing event, not always for the better. Along with the emotional trauma and disruption, there is always risk associated with hospitalization including hospital-acquired infections, and physical danger from peers whose symptoms are more acute and less well controlled. The rationale for use of least restrictive placement is based on research showing patient outcome is more positive in a less restrictive setting. Good treatment at the appropriate level of care is also cost effective;

it prevents the need to treat a person again and again, and it prevents costly over-treatment at an unnecessary level of care.

In the case of substance dependency, for example, a high need for treatment can be accommodated by outpatient/community based commitment to a short-term residential substance abuse program. If short-term residential services are not available another alternative for community substance dependency treatment is commitment to an IOP (Intensive Outpatient) substance dependency program, and substance dependency community support.